

***Testing Accommodation – Not ADA  
(Accommodation Request)***

1. Examination: \_\_\_\_\_
2. Date (or first phase of) of Exam: \_\_\_\_\_
3. Name: \_\_\_\_\_
4. Candidate ID Number: \_\_\_\_\_
5. Street Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_
6. Telephone Number: \_\_\_\_\_
7. Reason For Accommodation: ☐ Military ☐ Temporary Disability ☐ Other
8. What type of accommodation are you requesting during the testing process?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Why do you believe this accommodation is necessary? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. If you are requesting a temporary physical disability accommodation, please attach medical documentation that verifies your need for an accommodation (documentation not necessary if disability is obvious).

☐ Attachment

11. If you are requesting a military accommodation, please attach a copy of your military orders.

☐ Attachment

## Request For Accommodation In Testing

I understand that I must submit this request to the Civil Service Commission as soon as I become aware an accommodation is necessary, or in any event, no later than \_\_\_\_\_, 20\_\_\_\_\_.

I certify that the above statements and supporting documentation are truthful and accurate. Furthermore, I understand that pursuant to Civil Service Rule VI(E), if the Civil Service Commission discovers that any answers herein are untrue or fraudulent, I may be prohibited from taking the examination, or otherwise removed from any stage of the selection process. I understand I have a right to request a copy of this completed form.

\_\_\_\_\_  
Signature of Applicant, or Applicant's Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Civil Service Commission Staff Person

\_\_\_\_\_  
Date

Mail or Return to: Columbus Civil Service Commission  
Attention: Test Administration  
77 North Front Street, 3<sup>rd</sup> Floor  
Columbus, OH 43215-9038

### FOR CIVIL SERVICE COMMISSION USE ONLY

1. Did the applicant attach appropriate documentation – military orders or medical documentation?  
☐ Yes      ☐ No      If yes, date received: \_\_\_\_\_
2. If military accommodation was requested, do the applicant's military orders verify the existence of a conflict between the test date and the date the applicant is scheduled for military duty?  
☐ Yes      ☐ No
3. Accommodation made?   ☐ None      ☐ As Requested      ☐ Other \_\_\_\_\_
4. Date applicant notified (attach correspondence): \_\_\_\_\_
5. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_